

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. APPLICANT	FILED DATE
						10784436	2-28-04
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
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43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	17	←		←		←	
TOTAL CLAIMS	20	██████████	██████████	██████████	██████████	██████████	██████████

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